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REPORT OF THE EXECUTIVE DIRECTOR FOR 1996: PROGRAMME PRIORITIES

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INTRODUCTION BY THE EXECUTIVE DIRECTOR

1996 was a year of action at UNFPA, as the Fund devoted considerable time and energy to translating its three core programme areas into concrete activities at the country level. This process was aided by the implementation of a new resource allocation approach, which recognizes a continuum of needs for external assistance, from countries that have made limited progress towards achieving the goals of the International Conference on Population and Development (ICPD) to those that have already achieved or surpassed them.

The process encompassed an array of activities. It included a series of expert consultations and thematic workshops whose aim was to identify basic principles and operational components of core programme areas and to provide guidance for policy makers and programme managers in how to implement these components at the country level. This was accompanied by a concerted effort to develop operational guidelines in each programme area.

The country programming process undertaken during the year was the key to combining substantive programming with the new resource allocation approach. Each of the 47 new country programmes formulated during the year was reviewed in terms of its programming needs and resource allocation category. This determined the amount and type of resources allocated to each programme as well as its strategy and focus. This first round of programming under the new approach yielded the following positive results: reproductive health activities accounted for approximately 71 per cent of total allocations; population and development strategies, 18 per cent; and advocacy, 11 per cent. In terms of country category, the breakdown was as follows: the 27 Group A countries accounted for 73.7 per cent of total allocations; the 15 Group B countries, 22.3 per cent; and the remaining 5 country programmes (3 from Group C, 1 country with economy in transition and 1 "other" country), 4 per cent of total allocations.

The country programming process was accompanied by various initiatives to improve programme effectiveness and enhance accountability. These included management reviews to help streamline operations and strengthen the delivery of programmes, as well as efforts to improve the coordination of activities under the Fund's decentralized programming approach and to update and compile a comprehensive set of guidelines, policies and procedures covering such areas as programming, administration, procurement, personnel and staff development, and financial issues.

Internal oversight was also strengthened during the year. Such services are provided, in part, by the Office of Oversight and Evaluation, which was established in late 1996 and reports directly to the Executive Director. In addition to conducting programme and thematic evaluations, the Office undertakes policy application reviews to examine in depth the processes of programme development and implementation and to assess, inter alia, those areas where greater clarity in programme policy and technical guidance is needed to ensure accountability under increased decentralization.

This year's annual report examines these processes and initiatives and tries to put into perspective the Fund's efforts to further operationalize its core programme areas and to improve its programme effectiveness and accountability. A statistical overview containing programme and financial highlights is provided in an addendum to this part of the report. The report also provides an overview of the Fund's activities in the different regions of the world in Part II and an analysis of the Fund's evaluation activities in Part III. Taken together, they show the broad scope and range of UNFPA's activities during the year.

I. PROGRAMME PRIORITIES

A. Reproductive health, including family planning and sexual health

1. Operationalizing the concept

1. Operationalizing reproductive health was a key activity in UNFPA in 1996. This was part of an ongoing process to help countries reorient their population programmes to a reproductive health approach. The aim is twofold: to institutionalize the concept of reproductive health in the design and implementation of national reproductive health programmes; and to fully integrate such programmes into primary health care systems. Such work is carried out in close cooperation with partner organizations both inside and outside the United Nations system that have expertise in reproductive health and, in particular, with WHO and UNICEF.

2. As part of this process, UNFPA organized a four-day expert consultation whose primary aim was to provide a firm basis to guide policy makers and national programme managers in furthering the process of operationalizing reproductive health programmes. The consultation, which met 16-19 April, brought together government officials, economic planners, representatives of non-governmental organizations (NGOs), academics, and experts from UNICEF, WHO and UNFPA to review such key issues as: assessing and prioritizing reproductive health needs; involving women in the design and implementation of reproductive health programmes; repositioning family planning within the context of a reproductive health approach; addressing the continuing inadequacy of maternal health care programmes; ensuring the quality of, and access to, reproductive health; preventing and managing the complications of abortion; and integrating the prevention and management of reproductive tract infections, including sexually transmitted diseases (STDs), and the prevention of HIV/AIDS, into primary health care systems. The participants also paid special attention to the specific needs of adolescents and males.

3. The consultation reached a number of important conclusions. For example, the group noted that operationalizing reproductive health required a combined approach: a public health approach, to assess the magnitude of the problems; a pragmatic approach, to build upon what already exists and what is feasible; and a participatory approach, to include all stakeholders in the process. Moreover, reproductive health services should be developed incrementally, step by step. They should be client-centred, gender sensitive and adapted to the particular level of the health care system. Priorities should be determined according to certain criteria: the magnitude of the problem; the options available for addressing the problem; the availability of cost-effective interventions; the absorptive capacity of the health system; the availability of resources; and status of existing services and resources. Women's organizations should be recognized as essential partners in all national development processes, including reproductive health programmes.

4. The package of services offered should be balanced, address the needs of both women and men, and be instituted in three phases: first, by adopting a reproductive health approach; second, by integrating new

services within existing ones; and third, by adding new services as resources and infrastructure permit. All those involved must adopt a reproductive health mentality. Thus, the process of operationalizing reproductive health must include not only retraining but also reorientation of staff attitudes towards the reproductive health needs of potential clients.

5. Adolescents and men must be involved in all stages of the process. Services and information directed at adolescents must address their multiple health risks (see section below) and respect cultural diversity. Youth organizations provide a convenient conduit for involving youth in the programming process. Approaches to involve men must understand and take into account their needs and motivate them to change their attitudes and behaviour.

6. Three common misperceptions regarding reproductive tract infections (RTIs) must be corrected, namely: that they are uncommon; that they do not cause death; and that nothing much can be done to address them in a resource-constrained environment. In fact, both directly and indirectly, STDs and RTIs are responsible for a host of severe, often irreversible, and at times potentially fatal complications. These include infertility, ectopic pregnancy, congenital infection, other adverse outcomes of pregnancy, cervical cancer, and a three- to five-fold increase in risk of HIV infection. Two clear imperatives must be addressed: first, treatment must be appropriate to the local situation and be based on the epidemiology of the specific infections encountered locally, the sociocultural context, the availability of resources and the level of the health service infrastructure; and second, every reproductive health programme can, and must, do something about STDs and RTIs immediately.

7. The expert consultation provided a solid basis for similar consultations at the regional level, the first of which took place in Addis Ababa, 25-30 January 1997, for the Africa region. The aim of the regional consultations is to encourage dialogue and share experiences on country-level efforts to operationalize reproductive health. Discussions at the regional consultations centre on the key issues raised at the earlier international expert consultation, using the country perspectives of selected countries as the basis for discussion. For example, the country perspective of Burkina Faso served as the basis for discussion on moving from a maternal and child health/family planning (MCH/FP) approach to a reproductive health approach. The country perspective of Uganda provided insights into the discussion on assessing and prioritizing reproductive health needs; the country perspective of Malawi, for preventing and managing RTIs and STDs and for addressing adolescent reproductive health, and so on. Similar consultations will take place for the other regions throughout the year.

8. The process of operationalizing the reproductive health approach was also put into practice in the development of new country programmes and in the Fund's response to refugee and emergency situations. A common feature of the 47 or so country programmes prepared during the year was the adoption of a broader reproductive health approach, in particular in terms of strategies to reduce maternal mortality and morbidity, prevent abortion, and reduce the transmission of RTIs and STDs including HIV/AIDS. The reproductive health needs of adolescents and men, in addition to those of women, also received much

greater attention in the programmes than in the past (see the section on adolescent reproductive health below).

9. The urgent reproductive health needs of individuals, especially women, in refugee and emergency situations were the focus of an agreement concluded between UNFPA and UNHCR. The agreement is now fully operational, and joint activities to provide emergency reproductive health care to displaced persons and refugees in Burundi, Rwanda and Zaire have been undertaken by the two organizations, in collaboration with the International Federation of the Red Cross and Red Crescent Societies. UNFPA has reinforced its reproductive health activities for refugees and internally displaced populations, providing assistance through United Nations agencies and NGOs working in the field. One result of this collaboration is a minimum initial package of services (MISP) in reproductive health, which has been developed by an inter-agency working group.

10. Efforts to operationalize reproductive health received considerable technical support during the year, notably in the development of performance indicators, an area in which UNFPA has been actively collaborating with other development partners, NGOs and academic institutions. The Fund began to develop a set of reproductive health performance indicators in April with a small group meeting of CST directors and advisers and subsequently with a larger consultative meeting in July. The July meeting was attended by representatives from all the major United Nations agencies with an interest in the subject and from bilateral agencies and NGOs. The resulting draft discussion paper on performance indicators was presented to a thematic workshop, convened at UNFPA headquarters 10-14 February 1997, involving the UNFPA Country Support Team/Technical Support Services (CST/TSS) system. The revised draft discussion paper will be UNFPA's contribution to the system-wide core list of reproductive indicators being developed by the Working Group on Reproductive Health of the Basic Social Services for All Task Force of the Administrative Committee on Coordination (ACC).

2. Adolescent reproductive health

11. Adolescents face increasing risks of unprotected sexual activity in many parts of the world. In some countries, high maternal and infant mortality rates are frequent consequences of early marriage and subsequent child-bearing. In others, STDs, including HIV/AIDS, are posing great health risks to adolescents. In all societies, the implications of these risks impact hardest on young women.

12. The recent work of a WHO/UNICEF/UNFPA study group holds important lessons for programming in the area of adolescent reproductive health. These include the following three "musts": that a safe and supportive environment must be created; that health education and information must be provided; and that skills-building, counselling and health services must be provided.

13. The work of the study group also suggests several keys to success, many of which represent key challenges in future programming. These include: youth should be at the core of every stage of programming; young people must be brought into policy, research and service delivery processes;

interventions must be tailored to the specific needs of adolescents; services should be built upon and linked to existing interventions in various settings; the multiple health risks of adolescents must be addressed; and cultural diversity must be respected. Moreover, programming must be carried out on a larger scale, and target audiences for such programming should not be limited to young adults, but should extend to parents, teachers, service providers, and opinion leaders as well.

14. Unfortunately, in the past, the reproductive health needs of adolescents as a group had been largely neglected in reproductive health services. In many countries, this has left them vulnerable to unwanted pregnancies, STDs and the subsequent risk of infertility. Moreover, early marriage and early motherhood can severely curtail educational and employment opportunities and are likely to have a long-term adverse impact on the quality of their lives and the lives of their children.

15. UNFPA has long sought to redress this problem in its country programmes, and virtually every UNFPA country programme prepared in 1996 addresses the reproductive health needs of adolescents, usually as a priority activity. In Angola, for example, reducing the high level of unprotected sexual relations among adolescents is part of the main strategy to reduce maternal mortality and abortion. In Eritrea, adolescent-friendly services will be provided in all hospitals and health centres in the programme's two target provinces; and in the Gambia, 10 pilot reproductive health centres for youth will be established to provide counselling, outreach activities, referral and other services. Namibia will make reproductive health services available to adolescents in Ministry of Health and Social Services facilities and in all of the multi-purpose youth centres of the Ministry of Youth and Sport. Uganda will greatly expand youth-friendly reproductive health counselling and services by quintupling the number of multi-purpose youth centres by the year 2000.

16. The importance of this issue is nowhere more evident than in the Fund's sub-regional programme for the English- and Dutch-speaking Caribbean, which has as its strategic focus reproductive health care for adolescents and youth. The aim of the programme's strategy is four-fold: to provide a minimum package of reproductive and sexual health care services for youth within existing services; to build national capacity to incorporate adolescent reproductive health issues into national programmes; to design advocacy activities to help create an environment that will enable youth to obtain access to services; and to extend coverage of information and services to indigenous populations, where applicable.

17. Many of the same challenges and activities noted in paragraphs 12 and 13 above can be found in numerous other country programmes. The programme in Albania, for example, gives special attention to training health providers in adolescent sexuality and adolescent reproductive health needs and to providing support to NGOs active in this area. The programme in Burkina Faso seeks to make the entire health system more responsive to the reproductive health needs of adolescents; the programme in the Comoros gives high priority to improving adolescents' access to reproductive health information and services and provides support to open a model clinic in the capital city; the programme in Cuba focuses on the first stages of sexual and reproductive life in order to avoid unwanted pregnancies, to delay the first pregnancy and to avoid abortions; the programme in Guinea seeks to create five reproductive health counselling and

service centres for youth and to develop a plan of action for improving adolescent reproductive health; the programme in the Lao People's Democratic Republic targets out-of-school youth with an information, education and communication (IEC) campaign on STDs and HIV/AIDS; and the programme in Mexico seeks to educate young people on the importance of delaying marriage, postponing first pregnancy and lengthening the space between births. (For further country-level activities, see the regional overviews in Part II of this report.)

18. UNFPA is also giving increasing attention to HIV/AIDS prevention activities for adolescents and youth. For example, during 1996, several countries initiated projects involving counselling on the prevention of STDs, including HIV (Dominican Republic, Mali, Namibia, Nicaragua, Panama, South Africa, Uganda). Prevention programmes through scouts (Burundi, Botswana, Kenya, Mongolia, Madagascar, Senegal), youth groups (Egypt, Morocco) and holiday camps (Romania, Syrian Arab Republic) were another important means of reaching out to adolescents in this important area.

19. UNFPA has participated in a number of initiatives designed to create an enabling environment for the design and implementation of country-level activities to improve the reproductive health of adolescents. For example, the Fund participated in a study group with WHO and UNICEF, which met in December 1995 and made recommendations for collaborative action at the country level. UNFPA also continued to work closely with the International Planned Parenthood Federation (IPPF) on initiatives to promote youth-to-youth counselling and supported the activities of the Commonwealth Medical Association in orienting national medical associations to the concept and programmatic implications of adolescent reproductive health. Moreover, UNFPA co-chaired the Working Group on Health and Population at the World Youth Forum, which was attended by some 500 young people and United Nations staff. The Working Group made many practical recommendations on how health and population issues can be tackled at the grass-roots level. The Forum provided an opportunity for representatives of NGOs and United Nations staff to discuss ways to improve their interaction in this area.

3. Female genital mutilation

20. It is estimated that, at present, 85 million to 115 million girls and women worldwide have undergone some form of genital mutilation, and at least 2 million girls a year are at risk of such mutilation. The physical and psychological effects of the practice are often traumatic and, because of the irreversible nature of the procedures, affect health and well-being -- in particular, sexual and reproductive health -- throughout the lives of those who undergo it. Furthermore, female genital mutilation (FGM) reinforces the inequities between males and females where it is practiced. Despite recognition of the importance of this sensitive issue and a realization that it must be addressed if the health, social and economic development needs of women are to be met, there are still major gaps in knowledge about the extent of the problem and the kinds of intervention that can successfully eliminate it.

21. In view of the importance of the issue, and at a critical juncture in the movement to eradicate FGM, especially following ICPD and the Fourth World Conference on Women (FWCW), UNFPA sponsored and

organized a Technical Consultation on FGM, held in Addis Ababa, Ethiopia, from 27 to 29 March 1996. The consultation was attended by 58 participants, representing 25 countries, international NGOs, United Nations agencies and organizations, the Organization of African Unity (OAU) and the Economic Commission for Africa (ECA). The focus of the consultation was to develop a programming framework for UNFPA's support to efforts to eliminate FGM in countries where it is practiced.

22. Discussions centred mostly on FGM being defined as a violation of human rights, and its eradication as an integral component of the campaign for women's rights as human rights. The consultation emphasized the need to see the practice of FGM within the broader context of reproductive health, human rights and women's empowerment. It further stressed that FGM underscored the repercussions of social, political and economic sources of discrimination against women and the effects of gender-based violence in their lives.

23. As a result of the three-day consultation, UNFPA prepared a programming framework for the eradication of FGM. The proposed framework addresses UNFPA's three programme areas, namely, reproductive health, including family planning and sexual health; population and development strategies; and advocacy. The cross-cutting activities are training, research, services, IEC, policy/legislation, resource mobilization and coordination.

24. The report on the consultation and the programming framework have been distributed to all UNFPA country offices, CSTs and headquarters staff with clear instructions from the Executive Director indicating and stressing UNFPA's role as an advocate for the eradication of FGM.

25. The recent dramatic success of a UNFPA-supported programme in Kapchorwa District, Uganda, underscores the potential impact such advocacy can have. Indeed, the Reproductive, Educative and Community Health (REACH) Programme of Kapchorwa District witnessed a 36 per cent drop in female circumcision in less than one year. The REACH Programme uses an innovative culturally-sensitive approach through which community-based agents involve community leaders and people from all sectors of society in sensitization seminars and workshops. Programme personnel attribute the significant reduction in the number of female circumcisions (from 854 to 544) to heightened community awareness of the harmful aspects of the practice.

4. HIV/AIDS

26. UNFPA provides support for HIV/AIDS prevention in line with national HIV/AIDS policies and programmes and within the global strategy of the Joint United Nations Programme on HIV/AIDS (UNAIDS). The main focus of UNFPA's activities is at the country level. With the establishment of UNAIDS, UNFPA works with its United Nations counterparts at the country level to set up theme group mechanisms that plan the joint and coordinated United Nations support to national HIV/AIDS programmes. During 1996, the majority of UNFPA representatives actively participated with UNAIDS, particularly through the theme group mechanisms.

27. Preliminary information indicates that in 1996 UNFPA supported HIV/AIDS prevention activities in 124 countries, compared to 114 countries in 1995 and 103 countries in 1994. The precise level of UNFPA financial support for HIV/AIDS prevention activities is difficult to measure since, in most countries, these activities are an integral part of reproductive health information and services. However, a preliminary review of 1996 allocation data (expenditure data are not yet available) indicates that estimated expenditures for HIV/AIDS prevention activities in 1996 will be the same, or slightly higher, than the estimated expenditures of $20 million in 1995.

28. Each year, UNFPA prepares an AIDS Update, which provides a country-by-country summary of the Fund's HIV-prevention activities as well as an overall analysis of UNFPA country-level support for HIV prevention. As noted in the Update covering activities in 1996, UNFPA provides support for an array of activities. For example, it provides support to include HIV/AIDS education and communication components in training programmes for service providers in 71 countries, plus many of the 33 countries of the UNFPA subregional programmes for the South Pacific and the English- and Dutch-speaking Caribbean. The Fund also supports preventive counselling and widespread distribution of condoms in 54 countries, plus many of the countries in the two subregional programmes; and the inclusion of HIV/AIDS components in in-school and out-of-school population education programmes in 59 countries, as well as in many countries in the subregional programmes.

29. Women are the major beneficiaries of UNFPA-supported HIV/AIDS prevention activities. The beneficiaries of such activities include women at the grass-roots level (e.g., English- and Dutch-speaking Caribbean), women refugees (Bangladesh, Burundi, Rwanda, Uganda, United Republic of Tanzania, Zambia), information and education in the work place (El Salvador, Haiti, Kenya, Sri Lanka, Yemen) and counselling for commercial sex workers (Cambodia, Bangladesh, Nigeria, Pakistan, Philippines).

30. Men have also been targeted in country activities in such settings as the armed forces (Botswana, Cote d'Ivoire, Eritrea, Nepal), the work place (Kenya, Philippines), through trade unions (Dominican Republic, United Republic of Tanzania) and at long-distance truck stops (Nigeria, Uganda).

31. In 1996, UNFPA collaborated with well over 78 NGOs in undertaking HIV/AIDS prevention activities. Channeling support through NGOs has proven to be a particularly successful means of reaching target populations at the grass-roots level. One interesting development has been the funding of consortia of NGOs in Cambodia, Nicaragua and the Philippines. This has enabled the NGOs to pool their resources to carry out focused activities.

5. Contraceptive requirements and logistics management

32. Global Initiative. The Global Initiative on Contraceptive Requirements and Logistics Management Needs in Developing Countries began in 1989 when the Fund conducted a desk study to estimate long-term contraceptive requirements and costs in developing countries in the 1990s. Subsequently, it was decided to undertake a series of in-depth field studies in selected countries. In addition to making ten-year estimates

of contraceptive requirements, including condoms for STD/AIDS prevention, the study teams examined logistics management systems, local production options, the role of the private sector including NGOs, and financing issues. Since the conclusion of the first round of studies, several governments have shown interest in conducting similar in-depth studies. One such study was conducted in Morocco in March 1996. In November, a follow-up study was carried out in Pakistan, the first of the countries to have been studied in 1992. The follow-up studies permit comparison of contraceptive projections against actual totals. They also review in-country activities that relate to the recommendations contained in the original reports.

33. The rationale for the Global Initiative is that continued population growth in most developing countries, combined with rising contraceptive prevalence rates, will inevitably result in dramatic increases in the demand for good-quality, low-cost contraceptives and other reproductive health commodities. While good logistics management such as forecasting, storage and distribution is key, donor-government coordination is also vital. Since coordination is based upon good information, the Global Initiative has developed a contraceptive database that attempts to capture all of the contraceptive commodities donated by the main donors since 1990. Differing recording and reporting systems among the donors sometimes makes data analysis challenging. The purpose of the database is to share information among the donors, governments and implementing agencies at both global and national levels. The database report for 1995 was finalized in 1996.

34. One of the main goals of the Global Initiative is to help countries strengthen their capacity to manage the logistics process independently of external assistance. To this end, in 1996 the Global Initiative developed and pilot-tested a Logistics Management Training Strategy Development Workshop in Bangkok in December with participants from five countries (Indonesia, Mongolia, the Philippines, Thailand and Viet Nam). The main outcome of the workshop was the development of national strategies and workplans designed to facilitate the initiation of training-related logistics management activities in the countries concerned. Similar workshops are planned in other regions during 1997, and a "how to" training manual will eventually be developed and distributed.

35. Global Contraceptive Commodity Programme. Following approval by the Executive Board of the Global Contraceptive Commodity Programme (GCCP) in decision 96/3, and with due regard to the observations expressed by member states, this facility has been established in a limited capacity. In this respect, interim stockholdings have been established of all primary contraceptive methods in order to respond to envisaged emergency demand. To accomplish this, UNFPA has utilized its leverage with primary contraceptive manufacturers to ensure that limited inventories of critical products are established at the respective production facilities. The products concerned include intra-uterine devices (IUDs) and hormonal and barrier methods, which remain ready for immediate despatch.

36. Stockholdings of the contraceptive methods are maintained at a minimum level given the recommendation that the programme proceed in a cautious manner. To establish stockholding at levels more reflective of demand, the requisite revision to the Financial Regulations and Rules was submitted to the Executive Board at its second regular session 1997 for its consideration and approval. For information

purposes, current stockholdings for each method are listed below; the figures shown in parentheses provide an indicative figure of UNFPA's current annual procurement against each product.

- Condoms - 50,000 gross	(1.5m. gross)
- IUDs - 50,000 units	(1.2m. units)
- Injectables - 50,000 vials	(8m. vials)
- Syringes & needles - 50,000 units	(10m. units)
- Pills (low-dose only) - approx 250,000 cycles	(100m. + cycles)
- Spermicides - 5,000 tubes	(0.5m. tubes)

37. Since the establishment of contraceptive stockholding over a dozen urgent/rush requests have been received for immediate assistance. These have primarily been for IUDs and condoms where existing lead-times for delivery can prove extensive. Requestors benefiting from this stockholding arrangement have included Rwanda and the United Republic of Tanzania as a result of the refugee crisis in that area. Nevertheless, it is noted that "emergency" demand remained below that experienced in the preceding two years. It is considered that this may in some part be attributable to efforts made to increase stockholdings at the country level during 1994 and 1995 for logistical, financial and programmatic reasons. In this respect, it is noteworthy that in previous years "urgent" requests included repeated demands for a substantial volume and value of contraceptives from countries that are major recipients of population assistance. The latter countries are receiving logistical/forecasting support under the Global Initiative.

38. In managing the GCCP, procurement staff work closely with colleagues in the Global Initiative project in order to ensure feedback and coordination between the procurement and logistics functions. By monitoring the requests received for emergency assistance under the GCCP, it is intended to ascertain the underlying causes; this is particularly important where repeated requests may be received from the same country. In order to redress such situations, Global Initiative personnel may then evaluate underlying needs creating the emergency requests and provide logistical and/or forecasting support to the country concerned. Such action serves to strengthen national capacity to minimize the risk of future disruption to national contraceptive supply programmes and to avoid the need to utilize potentially costly air shipments for future contraceptive consignments.

B. Population and development strategies

39. The primary aim of activities in the area of population and development strategies is to assist Governments in integrating the population dimension into national policies, plans and programmes. This includes efforts to develop population-related data and research-based information for use in planning and decision-making as well as special technical training in the preparation, analysis and use of population statistics and information.

40. In 1996, as part of its efforts to further operationalize population and development strategies at the country level, UNFPA issued new guidelines for UNFPA support, addressing such areas as policy

formulation and the data systems needed for programming, processing and related research. The guidelines reflect important changes that have been made in the content and approach to population and development strategies. These include, among other things, the adoption of a more integrated approach to the development and use of data and information systems, as well as of research, policy and training. This approach calls for intensified efforts to integrate population policies into development strategies that reflect the centrality of the individual and the interrelatedness of demographic, social, economic and environmental factors. The gender perspective is an integral part of strategies, policies and programmes as is training to help build up national capacity in these areas.

41. The extensive UNFPA country programming process during 1996 provided a useful mechanism to put the more integrated approach into practice. For example, the comprehensive five-year country programme formulated in Kenya provides assistance to help develop and implement policies, strategies and programmes that seek, over time, to balance the country's population growth rate with available national resources. The programme, which has a strong national capacity-building component, identifies specific quantifiable national targets for rates of population growth, maternal and infant mortality, total fertility and contraceptive prevalence to be reached by the year 2000. In Namibia, the proposed four-year country programme seeks to formulate an action plan for population policy, strengthen human-resource and institutional capacity to implement the Population Policy Programme, establish multi-disciplinary training and research at the University of Namibia, expand information on population-socio-economic interrelationships for use in decision-making and planning, and incorporate gender concerns in development planning.

42. The UNFPA country programme in the Islamic Republic of Iran, which was halfway through its cycle in 1996, was instrumental in the Government's decision to develop a national population policy. UNFPA assisted in the necessary preparations for the country's 1996 national census and helped strengthen the institutional capability of Iranian universities and academic institutions to teach demography and conduct demographic research. UNFPA's current country programme in Nepal enabled the Ministry of Population and Environment to commission the preparation of two concept papers, one on gender issues in development and one on population and law; to organize a training programme for mid-level staff of relevant agencies on the interrelationships between population and development; and to conduct a workshop on population and development for government personnel. The country programme in Nepal for 1997-2001 seeks to strengthen the process of integrating population and development, including research and data management.

43. In Peru, one of the main contributions in the area of population and development strategies of the country programme is to assist the Government in building national capacity and in the conceptualization and analysis processes taking place in the country where the impact of demographic changes is particularly relevant. The proposed programme seeks to strengthen the technical capacity of key national institutions, promote further decentralization by reinforcing the technical capabilities of regional and local governments, facilitate direct access to integrated databases organized for small areas, and strengthen the capacity to use such data in the formulation of programmes. It also supports coordination mechanisms that would facilitate

more effective action among public institutions in the different sectors (e.g., health, education, women) and at different levels (e.g., central, regional, provincial, local) and among public and private organizations.

44. At the regional level, a joint project of UNFPA and the International Organization for Migration (IOM) analysed the determinants, consequences, likely future trends and policy implications of emigration in four subregions of the world: sub-Saharan Africa; South Asia; the Arab States region; and Mexico, Central America and the Caribbean. Four regional policy workshops featuring the interaction of researchers and policy makers were held at the end of 1995 and during 1996 to present the project's major research findings and offer recommendations. The response to the findings focused on the following recommendations: to establish information networks in each region to monitor migration flows and their implications; to continue research on emigration dynamics in developing regions; and to convene, at regular intervals, regional and subregional workshops for policy makers and research fellows to discuss evolving migration situations and policy measures that contribute to orderly migration.

45. At the global level, UNFPA seeks to operationalize population and development strategies through its active involvement in United Nations and other international conferences, preparatory meetings and symposia. In preparation for the United Nations Conference on Human Settlements (Habitat II), UNFPA organized a global Symposium on Internal Migration and Urbanization in Developing Countries: Implications for Habitat II, which brought together experts to examine, and make recommendations on, such issues as urban population growth and policies; vulnerable groups; sustainable land use; poverty reduction and employment creation; environmentally sustainable human settlements; and urban economies and balanced development in rural settlements. The Fund also presented a paper on "Population Distribution Trends and Policy Implications" at the International Symposium on Human Settlements held at San Diego State University, which UNFPA co-sponsored. UNFPA prepared the publication *UNFPA and Habitat II*, which was widely distributed at Habitat II.

46. UNFPA also contributed to the preparations of the World Food Summit (WFS), held in Rome in November, co-sponsoring with FAO an Expert Consultation on Food Production and Population Growth; publishing a study on "Food, Population and Women"; and preparing two technical notes, one on population stabilization and food production, and one on the importance of women's role in food security and population stabilization as input to the FAO Fact Sheet for the WFS.

47. Data collection, an integral part of UNFPA's activities in the area of population and development strategies, was the main issue of the UNFPA-sponsored Expert Group Meeting on Innovative Techniques for Population Censuses and Large-Scale Demographic Surveys held in The Hague, Netherlands. The meeting underscored the importance of a national integrated information system as well as the need to include the gender perspective in the design of data collection instruments. The proceedings of the meeting have been published in collaboration with the Netherlands Interdisciplinary Demographic Institute.

48. As a crucial component for monitoring follow-up to the ICPD, UNFPA is expanding its system of reporting on flows of financial assistance in the area of population. For this purpose, it is collaborating with

an outside institution to develop an updated system for the collection, analysis and dissemination of information on resource flows for population programmes that will include data both on international assistance and on domestic resources for population and development.

C. Advocacy

49. UNFPA is an advocate for the internationally agreed goals of the ICPD. At international and regional levels, UNFPA's strategy is to remind governments and partner organizations, both inter-governmental and non-governmental, of their part in shaping the agreed ICPD objectives, including gender and social- and health-sector goals, and to secure their commitment for meeting these objectives. UNFPA's international and regional advocacy activities support initiatives at the country level.

50. At the country level, advocacy activities are designed to secure commitment of national resources necessary to meet the ICPD goals and to promote coordination among the various sectors of government and between government and civil society. Country-level advocacy activities are also designed to help catalyse national consensus and support for: revising population and development strategies and reproductive health programmes that address adolescent reproductive and sexual health needs; sustaining the commitment to quality and broad-based reproductive health services; promoting responsible reproductive health behaviour among men; respecting reproductive rights and human-centred population and development strategies; advancing gender equity and the empowerment of women; and making girls' education a priority. During 1996, as in previous years, this strategy was implemented through UNFPA's country programmes by addressing, through different media, a wide range of audiences, including the owners and editors of national news media, the local donor community, decision makers and programme implementors, elected officials, NGOs and opinion leaders at the grass-roots level, business and religious leaders, labour union leaders and academic institutions as well as the general public.

51. In working with the national media to favourably influence policy, UNFPA has sponsored a variety of media campaigns. In Nigeria, for example, a television social drama series on family health and welfare issues was broadcast nationwide. In the same country, support was also provided to local drama groups to present works that promote wider acceptance and utilization of reproductive health services in a culturally-sensitive and entertaining manner. A noteworthy development during the year was an agreement in Bolivia with a network of 27 radio stations to incorporate gender and population issues in their programming.

52. UNFPA also sees that it has a role in increasing the capacity of allies and partners in advocacy leadership and communication planning. Collaboration with journalists and other media professionals was galvanized through workshops for top media executives and journalists. The Fund facilitated the integration of population and family life education issues into the training curricula of journalists as a way to increase and improve media coverage of population and development issues and to promote public debate on key population policy dimensions. The Fund also enlisted the support of NGOs and women's advocacy groups to promote the kinds of societal changes that could further the goals of the ICPD.

53. At the policy level, policy research and its dissemination remained a pillar of advocacy efforts in such areas as the review of laws and measures that impede the attainment of the ICPD goals. In the Gambia, for example, these tools were used to help improve the understanding of the interrelationships between population, reproductive health and the environment and to foster the formulation and adoption of laws and measures in favour of reproductive health and rights.

54. Appropriate advocacy materials and tools were also provided to support workshops with members of organizations that oversee the implementation of national population policies at various levels of government and civil society in order to increase understanding of population and development issues. In this regard, a variety of executing agencies work closely with UNFPA Representatives to adapt and incorporate materials and products provided by UNFPA headquarters for use at the national level. In Senegal, for example, the Government's Population Unit has undertaken advocacy to local decision makers through a regular newsletter and television programmes and with presentations using innovative computer graphics. Similarly, in Burkina Faso, publications and special events were used to disseminate research and to provide feedback to policy makers, programme implementors and researchers on harmful traditional practices. In Zimbabwe, census data were widely disseminated to planners and civic leaders as a basis for advocacy. One innovative approach has been to maintain an active presence through leaflets and cartoons on gender and adolescent pregnancy issues during trade fairs.

55. To stimulate political will, alliances with prominent leaders, such as First Ladies, have been instrumental in putting gender issues in the limelight and in obtaining government support for such measures as the establishment of such institutions as Ministries of Women Affairs. In Bolivia, UNFPA supported the efforts of the Under-Secretariat for Gender Affairs for training municipal authorities and state officials of the legislative, executive and judicial powers in the political participation, reproductive rights and sexual health of women, paying explicit attention to domestic violence. The Fund has supported study tours for parliamentarians and ministers as a way of enrolling their support. In Muslim countries, religious leaders attended fora on Islam and Well-Being that were followed by study tours to Indonesia, Egypt and Tunisia. In addition, UNFPA has supported the translation into local languages of national family codes so that they can achieve wider dissemination and greater understanding.

56. As part of the follow-up to the ICPD, numerous actions have been taken by governments with support from UNFPA to create a favourable institutional base for future advocacy. These have included the creation of departments to better address the needs of young people and involve associations of young people in the implementation of population programmes; the creation of population and development commissions within national parliaments and the creation of a national network of women ministers and parliamentarians, as in Burkina Faso; the support of women's legal associations to undertake networking, training programmes in legal literacy, lobbying and mobilization against violation of women's rights in the framework of human rights, as in Zimbabwe.

57. In the area of HIV/AIDS prevention, in addition to advocacy activities, country-level IEC activities to facilitate positive changes in individual attitudes and practices and community norms also integrated

HIV/AIDS prevention with family planning and other components of reproductive health. Such activities included conducting sociocultural research on community norms and on awareness of HIV/AIDS; involving men to increase their sense of responsibility and their acceptance of equitable gender roles, including protecting their partners against STDs and negotiating condom use; training all levels of service providers in interpersonal communication and counselling in the context of reproductive health, including HIV/AIDS; providing education for primary health workers to improve their counselling skills; producing manuals for school teachers and youth leaders on healthy lifestyles; working with local NGOs and training volunteers for community outreach and education; setting up special pilot initiatives to involve commercial sex workers; organizing training programmes in private enterprises on family life education, including HIV/AIDS, for employees and their spouses; working with youth groups and youth clubs to involve young people in developing materials and in educating their peers; and formulating special projects for refugee populations. The global theme for World Population Day in 1996 was HIV/AIDS prevention. UNFPA headquarters published a poster and leaflet, and the Executive Director's message on the theme was widely disseminated. UNFPA country offices reported wide media coverage for the various advocacy materials and activities they prepared for observance of the day.

58. Also at the international level, UNFPA sponsored an International Youth Essay Contest on the theme of "Promoting Responsible Reproductive Health Behaviour" as an opportunity to give voice to young people; to promote responsible reproductive behaviour; and to assist the Fund in its work with youth, especially in the area of sex education and information. The essay contest was part of the momentum for the World Youth Forum that was held in Vienna, Austria, on 25 November: the 17 winners chosen by UNFPA judges from a field of more than 500 entries from 107 countries received fellowships to participate in the forum. In conjunction with UNFPA field offices, many local and international youth and youth-related NGOs helped organize the essay contest. In addition, there were many entries from religious groups, arranged through the Geneva-based World Council of Churches. Many countries such as India and South Africa organized nationwide contests. South Africa alone had 3,000 entries. The contest in El Salvador became a community event, with participation not only of young people but also their parents, teachers and United Nations staff. The viewpoints expressed by young people constituted an emotional appeal to parents and policy makers to listen more to their needs, to provide accurate sex education and information on STDs, including HIV/AIDS, and to enlist community support, including that of religious leaders, for school programmes that teach children about reproductive health.

59. Those among the young contestants who were sexually active said they needed family planning services. They also opposed early marriages, early child-bearing, traditional harmful practices and other social pressures, especially on young girls. They called for greater gender equality and equity and for greater male involvement in family affairs. Giving a voice to young people as advocates for their own needs proved to be a powerful and culturally-sensitive strategy to present the problems of adolescent reproductive health to governments and policy makers and to help address a controversial subject.

60. In recognition of the HABITAT II Conference in Istanbul, the *State of World Population* report for 1996 took as its theme population and the urban future. The report was widely covered by the international

media in the context of HABITAT II and was widely distributed at the conference itself. It also served as the centrepiece for national-level coverage of HABITAT-related population issues. A video on the themes of the *State of World Population* Report was broadcast internationally and by many national broadcasting stations at the time of HABITAT II. UNFPA was active in advocacy both at HABITAT II and at the World Food Summit to ensure that delegations, media and concerned NGOs understood the significance of reproductive health and rights in relation to the issues before the conferences. UNFPA's travelling exhibit was on show at HABITAT II. UNFPA supported NGO newspapers published at each of the conferences. In addition, the Fund published a booklet *Food for the Future: Women, Population and Food* Security for the Food Summit.

61. Other publications by UNFPA in 1996 included *A New Role for Men: Partners in Women's Empowerment,* the UNFPA Annual Report (also published for the first time on CD-ROM) and the *Population Issues Briefing Kit.* The UNFPA site on the World Wide Web was expanded. A series of 36 radio programmes was prepared in cooperation with the United Nations Department of Public Information and broadcast through United Nations radio and other outlets. A series of six short videos co-produced with the Television Trust for the Environment was broadcast by BBC-World TV.

62. The UNFPA poster contest drew entries from more than 70 countries and has proved to be an excellent tool for advocacy at both national and international levels. UNFPA country Representatives are using the contest as the basis for advocacy materials such as calendars and wall-charts as well as a means of creating awareness among educators and their students.

D. Women's empowerment and gender issues

63. As a follow-up to the ICPD and the Fourth World Conference on Women, UNFPA has initiated several activities in three main areas of focus: women's human rights; adolescent reproductive health; and gender equality, equity and women's empowerment.

64. In the area of women's empowerment, there are currently four on-going initiatives:

(a) Monitoring progress by governments in reaching goals relating to women's empowerment. This initiative attempts to strengthen women NGO mechanisms for monitoring and publicizing progress made by governments in implementing agreements and decisions reached at the two conferences.

(b) Studying male sexuality in and out of the family. A study is being undertaken in selected countries in Africa, Asia and the Middle East to study the attitudes and views of adolescent boys and men on subjects including sexual and reproductive behaviour, decision-making about contraception, and their role in the family.

(c) Mainstreaming gender into all UNFPA programmes and projects. UNFPA is assessing how gender considerations can be effectively integrated into all aspects of its reproductive health, population and

development strategies, and advocacy activities. A draft conceptual framework and indicators to monitor the extent to which women have been mainstreamed into programmes and projects have been developed and are now being field-tested.

(d) Gender training for UNFPA field staff and NGO and national counterparts. Three pilot projects are being conducted in Egypt, Indonesia and Zimbabwe to develop training manuals on gender, population and development, which can be adapted for use in other countries.

As a result of the implementation process of these initiatives, it has become evident that the technical capacity of UNFPA's field staff must be strengthened so as to enable them to gain a better understanding of the scope and implications of some of the issues being addressed.

65. In December 1996, UNFPA participated in a Roundtable of Human Rights Treaty Bodies on "Human Rights Approaches to Women's Health with a Focus on Reproductive and Sexual Health and Rights", which the Fund co-sponsored with the Office of the United Nations High Commissioner for Human Rights/United Nations Centre for Human Rights and the Division for the Advancement of Women. This was the first time experts from all six human rights treaty bodies, along with representatives of United Nations organizations and NOGS, had been brought together to address a thematic issue.

66. The roundtable examined the interpretation of human rights treaty norms and addressed the need to develop methodologies and indicators to promote, implement and monitor reproductive and sexual health-related rights. The three-day meeting made some 30 recommendations. Notably, it called on the treaty monitoring bodies, United Nations organizations, NGOs and others to strengthen their working relationships to foster a gender-integrated human rights perspective in their respective programmes. As the first in a series of meetings with treaty monitoring bodies, UNFPA met with experts from the Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW) in January 1997 to exchange information on the mandates and activities of the two organizations and to explore ways that reproductive and sexual health rights can be further incorporated into the framework of the committee and the policies of UNFPA. The Fund plans to convene similar meetings with other treaty monitoring bodies in the future.

II. PROGRAMME EFFECTIVENESS AND ACCOUNTABILITY

A. Programming tools and procedures

67. During the year, UNFPA took numerous steps to strengthen its policies and procedures in order to increase the effectiveness of programme inputs, improve programme delivery and maximize the utilization of its resources. These efforts included a wide range of inter-agency initiatives, new collaborative arrangements with NGOs, technical and expert meetings to develop policies and guidelines, and expert and regional meetings to operationalize the Fund's core programmes at the country level. UNFPA also initiated management reviews to streamline operations and strengthen the delivery of programmes. To help meet the increasing and evolving needs of UNFPA country offices, UNFPA established a task force in October

to review and update the policies and operational guidelines of the Fund. The aim is to produce a comprehensive set of guidelines, policies and procedures covering such areas as programming, administration, procurement, personnel and staff development, and financial issues. Its work is to be completed by the end of 1997. The Fund also created a unit at headquarters to help apply guidelines and coordinate activities under the Fund's decentralized programming approach.

68. UNFPA also strengthened the capacity of country offices to develop and manage programmes by expanding training opportunities for staff, incorporating programme support components in projects and promoting the use of national execution, including NGOs. The UNFPA Country Support Teams (CSTs) provided technical assistance in programme and project development and appraisal exercises and contributed to national capacity building. The expertise drawn from various agencies available within the eight CSTs has evolved in line with the ICPD mandate and national needs, and the multi-disciplinary nature of the teams has greatly enhanced the quality of the technical assistance UNFPA provides. The teams work closely with their national counterparts and UNFPA country Representatives and provide training for government officials in programme planning and implementation as well as in substantive areas.

69. To improve monitoring and evaluation of country programme activities, UNFPA planned a series of workshops, the first of which were conducted in early 1997, to introduce staff to the logical framework programming techniques and to equip them with knowledge on their application at the programme, sub-programme and project levels. The logical framework provides a concise but comprehensive summary of the main elements of a programme or sub-programme, explains the reasoning behind the programme in terms of planning and implementation, and maps out explicit criteria for monitoring and evaluation. Logical framework techniques, together with stakeholder analysis and tools to assess capacity, are being incorporated into UNFPA's regular staff training programme and in all programming guidelines. (For a fuller treatment of the logical framework, see section II A of Part III of this report.)

B. Policy application reviews and internal oversight

70. In late 1996, the Executive Director established the Office of Oversight and Evaluation, an independent organizational unit that serves as a focal point for monitoring follow-up to the results and products of various oversight functions. The Office is responsible for ensuring that the findings and recommendations of all oversight functions at UNFPA, including, inter alia, audits, policy application reviews and evaluations, are acted upon and, as necessary, reflected in decision-making on organizational management, policies and procedures. Towards this end, the office will monitor and identify trends in the findings of internal and external audits, policy application reviews and evaluation in order to propose remedial measures to address shortcomings in organizational and programme processes. (For an overview of UNFPA internal audit and oversight activities in 1996, see Part IV of this report.)

71. During the year, policy application reviews were conducted in seven countries -- three in Africa, one in Asia and the Pacific, one in Arab States and Europe and two in Latin America and the Caribbean. These reviews, which are internal exercises, examined in depth the processes of programme development and

implementation in order to ascertain that appropriate mechanisms to ensure accountability are in place and are being used by UNFPA staff. The findings of the reviews have been very informative in that they not only provide senior management with snapshots of how selected country offices are carrying out their programme managerial and advisory roles, but also serve as a conduit for field staff to comment on the nature and quality of support they receive from the CSTs and headquarters units. The reviews have provided invaluable inputs to the on-going process of streamlining and rationalizing guidelines and procedures to make the Fund a more-responsive and effective organization. (For an analysis of the policy application reviews, see section II B of Part III of this report.)

C. Coordination

72. In its continuing efforts to improve programme effectiveness, UNFPA pursues coordination and collaboration with all its partners in the United Nations system and with a large and expanding number of NGOs and bilateral donors. As is examined in Part V of this report, UNFPA is an active participant in a number of global level inter-agency coordination mechanisms, including the extensive coordination networks of the Administrative Committee on Coordination (ACC), the Joint Consultative Group on Policy (JCGP), UNFPA's own collaboration mechanisms and various tripartite and bilateral consultation and coordination arrangements.

73. Through all these arrangements, UNFPA takes a pro-active role to try to ensure full consultation with all of its key partners, both within and outside the United Nations system, and to advance the implementation of the provisions embodied in the several important General Assembly and ECOSOC resolutions related to collaboration and coordination in operational activities. In addition, as the lead agency within the United Nations system for the population field and for the implementation of the ICPD Programme of Action, UNFPA has special responsibility for seeking and promoting optimum coordination for population programmes.

74. The importance that UNFPA attaches to collaboration is exemplified in the Fund's Mission Statement, which was endorsed by the Executive Board at its annual session of 1996. It states, inter alia, that "UNFPA, as the lead United Nations organization for the follow-up and implementation of the Programme of Action of the International Conference on Population and Development, is fully committed to working in partnership with governments, all parts of the United Nations system, development banks, bilateral aid agencies, NGOs and civil society. UNFPA strongly supports the United Nations Resident Coordinator system and the implementation of all relevant United Nations decisions".

75. In the course of 1996, UNFPA has taken a very active role in chairing one of the inter-agency task forces that have been temporarily set up to facilitate the coherent and coordinated implementation of the programmes of action of the recent series of international conferences. The Task Force on Basic Social Services for All, chaired by UNFPA, has focused on providing guidance to the Resident Coordinator system in assisting countries to realize their conference commitments. As such, it has aimed directly at improving programme effectiveness, focusing on a more coordinated support of the entire United Nations system for

operational activities at the country level. There is also evidence of growing country-based coordination within the Resident Coordinator system, drawing on the materials produced by the inter-agency task force and the examples of best practices they provide. The challenge is to ensure that such efforts are gradually expanded and further developed in programme countries. UNFPA will continue to support this process.

76. In 1996, UNFPA strengthened a number of key collaborative arrangements, notably with both WHO and UNICEF, the Fund's major partners in the area of reproductive health. This was evident in programme collaboration in a number of countries, in the innovative activities developed by the inter-agency study group on programming on adolescent health, in technical cooperation in the development of indicators and operational guidance in reproductive health and in the setting up, with the agreement of the respective Executive Boards of the three organizations, of the UNICEF/WHO/UNFPA Coordinating Committee on Health. Still, many challenges remain. For example, UNFPA is seeking to further expand cooperation among its own inter-disciplinary CSTs and between these teams and the regional offices of UNICEF. Also, while very positive examples of country programme collaboration exist in an increasing number of countries, more can be done in this regard to make this cooperation a systematic part of all programmes.

77. In the same vein, during 1996, UNFPA signed several cooperation agreements with various important partners, such as the United Nations High Commissioner for Refugees (UNHCR) and the International Committee of the Red Cross (ICRC) related to reproductive health in emergency and conflict situations; with IPPF to promote adolescent reproductive health and reproductive rights; and with the IOM for increased cooperation in the area of migration. These agreements support more effective action within country programmes in support of these priority areas.

78. Notable progress has been made in various coordination mechanisms and processes in the context of country programmes and projects. For example, UNFPA has continued to participate actively in the formulation of country strategy notes and in other processes to improve programme coordination, such as in India where United Nations system cooperation has been very active and UNFPA has been a full participant in this process. The new mechanism of Common Country Assessments is developing well with the strong involvement of United Nations country offices, including those of UNFPA. Through these processes, as well as through theme groups within the Resident Coordinator system, UNFPA country programmes seek to build and expand collaborative programming and co-financing or parallel financing of projects. Even where actual joint activities may not be pursued, efforts are encouraged to harmonize strategies, approaches and master plans, in line with national needs and priorities.

79. Continued efforts will be needed to ensure that these coordination systems take solid root within the programming process of all organizations. There needs to be a more significant review of all country programmes before their approval, within the Resident Coordinator system, to maximize harmonization and coordination. Beyond isolated joint initiatives, the goal should be to ensure a common overall framework for United Nations system support to the country concerned, in line with the goals of the recent series of international conferences, and with an overall common strategic plan on how the country concerned can

reach its own development goals, with the coordinated inputs of all donors. UNFPA is fully committed to advance this process.

III. RESOURCES

80. In 1996, income (provisional) totalled approximately $309.4 million, a slight decrease from the 1995 income level of $312.6 million. However, total contributions reached a new high of $302.5 million, pledged by 95 governments. Fourteen of the Fund's major donors, whose contributions equalled or exceeded $1 million, contributed $296.3 million, or 98 per cent of UNFPA's total core resources. Although contributions in 1996 decreased in dollar terms by 0.13 per cent compared to 1995, in national currencies many countries increased their contributions at a higher rate than in the previous year. Total income for 1996 would have been some $6 million to $7 million higher had exchange rates in 1996 been roughly the same as those in 1995. At the end of 1996, cumulative contributions to UNFPA since 1969 totalled over $3.7 billion. Income generated through multi-bilateral arrangements in 1996 totalled $18.3 million (provisional), an increase of 28.9 per cent over the 1995 level of $14.2 million.

81. Due in large part to the strong momentum created by the ICPD in September 1994, UNFPA's total income exceeded $600 million for the two-year period 1995 and 1996. For 1997, it appears, on the basis of pledges and projections of the major donors, that the Fund's income is likely once again to exceed the $300 million mark. However, as UNFPA's experience in 1996 shows, projecting an income level for a voluntary United Nations funding organization is full of uncertainty. Indeed, in 1996, over one third of the Fund's total pledges were still outstanding at year's end. This caused significant cash flow problems for the organization, requiring UNFPA to draw down on its operational reserve to meet its commitments. On the programming side, the uncertainty of income generated considerable anxiety throughout the year, especially in UNFPA country offices, that already-established programme ceilings would have to be reduced due to the lack of available resources.

82. On the positive side, there appears to be an encouraging trend developing on population assistance. Despite the continuing decline in real growth of total official development assistance (ODA), funding for population assistance, including loans from the World Bank, seems to be gradually increasing. In 1994, approximately $1.6 billion was devoted to population. Although the data for 1995 are still incomplete, it appears that the amount committed to population programmes may approach $2 billion. It is still too early to tell what level of commitment was provided in 1996. One reason for this upward trend may be the decision by donors to shift a larger percentage of ODA to the social, education and health sectors. Maintaining this momentum will be one of UNFPA's principal challenges in the coming years. Major donors still face uphill struggles to increase their ODA as they confront budget-cutting pressures and other domestic economic concerns.

83. In the area of multi-bilateral assistance, a number of traditional major donors are turning to such arrangements more frequently to channel population assistance. This is in part the reason why UNFPA's multi-bilateral income reached an all-time high of $18.3 million (provisional) in 1996. Recently, the Executive Director signed an important partnership agreement with the European Commission that will channel over $30 million from the European Commission to reproductive health programmes in Asia. If

this arrangement proves successful, UNFPA envisages that the Commission may channel more funding for population activities through UNFPA. Fortunately, there is no evidence to indicate that multi-bilateral contributions are being made at the expense of contributions to UNFPA's regular resources.

84. Given the enormous challenges set forth in the ICPD Programme of Action of raising $17 billion for population assistance by the year 2000, UNFPA is launching several resource mobilization initiatives with the goal of increasing collaboration with as many potential partners as possible, including the European Commission, to attract more resources for population activities either directly through UNFPA or through bilateral, NGO and other multilateral channels. UNFPA country programmes and the Fund's Programme Country Profiles for Population Assistance are being used as a framework for many of the consultations UNFPA has undertaken concerning resource mobilization. The Executive Director is also systematically visiting developing countries to discuss the ways and means for them to meet their share of the total requirement of $17 billion. Another approach being explored is a debt-for-population swap or debt exchange to generate local resources for population and reproductive health including family planning programmes. Preliminary research indicates a number of attractive funding possibilities that may be able to accommodate both the concerns of donor countries and the needs of developing countries.